Questionnaire to Assess Your **Neurologic Disease Genetic Risk**

InformedDNA®
Genetics, Decoded

This questionnaire will help determine if your neurologic disease and/or your family history suggests you could benefit from further evaluation. Answer all questions as best as you are able. If an answer is unknown, leave it blank.

Today's Date: _____

PATIENT INFORMATION

Full Name: _____ Date of Birth: _____

Phone: _____ Cell: _____

E-mail: _____

PERSONAL AND FAMILY HISTORY

1. Patient or close family member (1st or 2nd degree) with a known genetic neurologic or neuromuscular condition, such as:

PATIENT	FAMILY MEMBER	
		Muscular dystrophy:
☐	☐	Duchenne/Becker
☐	☐	Limb-Girdle
		Peripheral nerve disorder:
☐	☐	Charcot-Marie-Tooth (CMT)
☐	☐	Friedreich's Ataxia
		Motor neuron disease:
☐	☐	Spinal muscular atrophy
		Myopathy:
☐	☐	Central core disease
		Hereditary leukodystrophy (white matter disease):
☐	☐	Adrenoleukodystrophy
		Other:
☐	☐	Metabolic muscle disorder
☐	☐	Fragile X/Fragile X tremor ataxia syndrome
☐	☐	Huntington's disease
☐	☐	_____

PERSONAL AND FAMILY HISTORY (CONTINUED)

2. Personal or family history of the following:

PATIENT	FAMILY MEMBER	
☐	☐	Ataxia, non-acquired
☐	☐	Neuropathy, non-acquired
☐	☐	Cerebellar atrophy
☐	☐	Myotonia
☐	☐	Dementia before age 60
☐	☐	Stroke before age 50
☐	☐	Parkinson disease before age 40
☐	☐	Other unexplained progressive neurologic or neuromuscular symptoms, not related to an environmental cause

3. Family history of more than one relative on the same side of the family (mother's side or father's side) with any of the following:

- ☐ Parkinson disease
- ☐ Frontotemporal dementia
- ☐ Amyotrophic lateral sclerosis (ALS)
- ☐ Alzheimer disease (onset < 65 years)

FOR OFFICE USE ONLY

- ☐ Meets criteria, referred
- ☐ Meets criteria, referral declined
- ☐ Meets criteria, already had genetic counseling
- ☐ Does not meet criteria